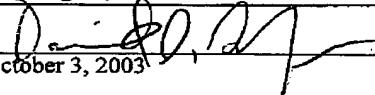


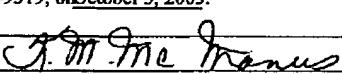
| | | | |
|--|---|-------------------------------|----------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/765,388 |
| | | Filing Date | January 22, 2001 |
| | | First Named Inventor | Nobuo SHIMAZU et al. |
| | | Group Art Unit | 2881 |
| | | Examiner Name | D. Vanore |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 740107-140 |

| | | | | |
|--|---|--|--|---|
| ENCLOSURES (check all that apply) | | | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | | | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Change of Correspondence Address |
| | | | | |
| Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 (740107-40) for the above identified docket number. | | | |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual name | David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004 |
| Signature |  |
| Date | October 3, 2003 |

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| Signature: |  |
| Name: | K.M. McManus |

Docket No. 740107-140

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) RESPONSE UNDER 37 CFR 1.116
Nobuo SHIMAZU et al.) EXPEDITED PROCEDURE
Serial No. 09/765,388) EXAMINING GROUP 2881
Filed: January 22, 2001) Examiner: D. Vanore
For: ELECTRON BEAM PROXIMITY) Date: October 3, 2003
EXPOSURE APPARATUS AND)
METHOD)

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K.M. McManus
K.M. McManus

AMENDMENT AFTER FINAL

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Commissioner for Patents
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Alexandria, VA 22313-1450

Sir:

The following is presented in response to the Office Action mailed July 3, 2003, in connection with the above-identified application.